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U.S.PTO

# NEW UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under

37 CFR 1.53(b))

Attorney Docket Number	19675-08643
First Named Inventor	Milo S. Medin
Title	System And Method For Delivering High-Performance Online Multimedia Services
Express Mail Label No.	EV 333134286 US

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. <input type="checkbox"/> Certified Copy of Priority Document(s) ( <i>if foreign priority is claimed</i> )		
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	Total Pages	27	9. <input type="checkbox"/> Power of Attorney or Authorization of Agent
<input type="checkbox"/> Descriptive Title of the Invention <input type="checkbox"/> Cross Reference(s) to Related Case(s) <input type="checkbox"/> Statement Regarding Fed sponsored R & D <input type="checkbox"/> Background of the Invention <input type="checkbox"/> Brief Summary of the Invention <input type="checkbox"/> Brief Description of the Drawing(s) <input type="checkbox"/> Detailed Description <input type="checkbox"/> Claim or Claims <input type="checkbox"/> Abstract of the Disclosure		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	13	11. <input type="checkbox"/> Preliminary Amendment
5. Oath or Declaration	12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Citation(s)		
a. <input checked="" type="checkbox"/> New Declaration	Total Pages	2	13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
<input checked="" type="checkbox"/> Executed (original or copy)		14. <input checked="" type="checkbox"/> Return Postcard	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		15. <input type="checkbox"/>	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		16. <input type="checkbox"/>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		17. <input type="checkbox"/>	
ADDRESS TO:			
Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09/427,778

Prior application information: Examiner: George C. Neurauter Group/Art Unit: 2143

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

00758

<input checked="" type="checkbox"/> Customer Number			
Name (Print/Type)	Dorian Cartwright	Registration No. (Attorney/Agent)	53,853
Signature	<u>Dorian Cartwright</u>		Date February 11, 2004

031356 U.S.PTO  
10/777912

021104

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 770.00)

Complete if Known	
Application Number	Not yet known
Filing Date	February 11, 2004
First Named Inventor	Milo S. Medin
Examiner Name	Not yet known
Art Unit	Not yet known
Attorney Docket No.	19675-08643

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **19-2555**  
 Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Code	Code	( \$ )	Fee	Fee	Fee
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>770</b>		

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid		
	3 -20** =	0 x 18	= 0		
Independent Claims	1 -3** =	0 x 86	= 0		
Multiple Dependent					
Large Entity	Small Entity	Fee Description			
Fee	Fee	Fee	Fee		
Code	Code	( \$ )	Fee		
1202	2202	18	9	Claims in excess of 20	
1201	2201	86	43	Independent claims in excess of 3	
1203	2203	290	145	Multiple dependent claim, if not paid	
1204	2204	86	43	**Reissue independent claims over original patent	
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>0</b>		

\*\*or number previously paid, if greater; For Reissues, see above

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	( \$ )	Fee
1051	2051	130	65
1052	2052	50	25
1053	2053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	420	210
1253	2253	950	475
1254	2254	1,480	740
1255	2255	2,010	1,005
1401	2401	330	165
1402	2402	330	165
1403	2403	290	145
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,330	665
1501	2501	1,330	665
1502	2502	480	240
1503	2503	640	320
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	770	385
1810	2810	770	385
1801	2801	770	385
1802	1802	900	900
Other fee (specify) _____			
<b>SUBTOTAL (3)</b>		<b>(\$)</b>	<b>0</b>

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type)	Dorian Cartwright	Registration No. (Attorney/Agent)	53,853	Complete (if applicable)
Signature	<i>Dorian Cartwright</i>			Date
				February 11, 2004